

JAN 24 2007

FAX TRANSMISSION**DATE:** January 24, 2007**PTO IDENTIFIER:** Application Number 09/937,344
Patent Number**Inventor:** Egon SCHULZ**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** MORRISON & FOERSTER LLP

Kevin R. Spivak

PHONE: (703) 760-7762**Attorney Dkt. #:** 449122010700**PAGES (Including Cover Sheet):** 4 / 1

CONTENTS:

- Transmittal Form (1 page)
- Fee Transmittal (1 page)
- Petition for Extension of Time (1 page)
- Notice of Appeal (1 page)
- Pre-Appeal Brief Request for Review (4 pages)
- Appeal Brief Request for Review - transmittal (1 page)
- Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 09/937,344

Attorney Docket No.: 449122010700

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on January 24, 2007
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Signature

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JAN 24 2007

PTO/SB/21 (09-04)

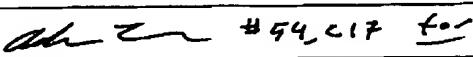
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| | | |
|--|--|--|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number 09/937,344 |
| | | Filing Date February 14, 2002 |
| | | First Named Inventor Egon SCHULZ |
| | | Art Unit 2617 |
| | | Examiner Name B. J. Miller |
| Total Number of Pages in This Submission | | Attorney Docket Number 449122010700 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Pre-Appeal Brief and Transmittal |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm Name | MORRISON & FOERSTER LLP |
| Signature |  |
| Printed name | Kevin R. Spivak |
| Date | January 24, 2007 |
| | Reg. No. 43,148 |

va-190726

JAN 24 2007

PTO/SB/17 (01-06)

Approved for use through 7/31/2008. OMB 0651-0032
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| | | | |
|--|--------------|--------------------------|-------------------|
| FEE TRANSMITTAL For FY 2006 | | Complete if Known | |
| | | Application Number | 09/937,344 |
| | | Filing Date | February 14, 2002 |
| | | First Named Inventor | Egon SCHULZ |
| | | Examiner Name | B. J. Miller |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Art Unit | 2617 |
| TOTAL AMOUNT OF PAYMENT | (S) 1,520.00 | Attorney Docket No. | 449122010700 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Name Other (please identify): _____
 Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of Credit any overpayments
 fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Small Entity | |
|--------------|----------|
| Fee (\$) | Fee (\$) |
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
| - | - | x = | = | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| - | - | x = | = |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|------------------|
| - | - | - 100 = /50 (round up to a whole number) x = | = | = Fees Paid (\$) |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1401 Notice of appeal
1253 Extension for response within third month

500.00

1,020.00

| | | | | | | |
|--------------|-----------------------|--|--------------------------------------|-----------------|-----------|------------------|
| SUBMITTED BY | | | Registration No. (Attorney/Agent) | 43,148 | Telephone | (703) 760-7762 |
| Signature | <i>John R. Spivak</i> | | Name (Print/Type) | Kevin R. Spivak | Date | January 24, 2007 |

va-190729